

**RENEWAL APPLICATION FOR CITY OF AUBURN MASSAGE ESTABLISHMENT**  
AUBURN MUNICIPAL CODE SECTION 112.01 THROUGH 112.57

Applicant's Full Name \_\_\_\_\_  
(INCLUDE ALL NAMES USED)

Applicant's Residence Address \_\_\_\_\_ Telephone \_\_\_\_\_

Name of Establishment \_\_\_\_\_

Address of Establishment \_\_\_\_\_ Telephone \_\_\_\_\_

Have you been arrested for anything other than a traffic citation within the past 12 months?  
YES \_\_\_\_\_ NO \_\_\_\_\_

Have there been any address or ownership changes to the Business License Application?  
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**APPLICANT MUST PROVIDE THE FOLLOWING:**

**\$ 100.00 non-Refundable Investigation Fee with application.**

**I DECLARE OF MY OWN PERSONAL KNOWLEDGE I HAVE NOT MADE ANY FALSE, MISLEADING, OR FRAUDULENT STATEMENT OF FACTS IN THIS PERMIT APPLICATION OR IN ANY OTHER DOCUMENT REQUIRED BY THE CITY IN CONJUNCTION THEREWITH**

Dated \_\_\_\_\_ Applicant's Signature \_\_\_\_\_

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**FOR OFFICE USE ONLY**

POLICE DEPT \_\_\_\_\_

COMMUNITY DEV. DEPT \_\_\_\_\_

FIRE DEPT. \_\_\_\_\_

BUILDING DEPT. \_\_\_\_\_

\$100.00 RENEWAL FEE \_\_\_\_\_

DATE \_\_\_\_\_